



LEARNING AGREEMENT (Incoming Students)

This form is prepared by IBSU staff, and sent to the home institution for their consent.
The form is then sent back to IBSU electronically to initiate the exchange.

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|-----------------------------|--|
| Academic Year: | |
| Cycle: | <input type="checkbox"/> First (Bachelor's) <input type="checkbox"/> Second (Master's) <input type="checkbox"/> Third (Ph.D) |
| Program: | |
| Student's Full Name: | |
| Sending Institution: | |
| City: | |
| Country: | |

DETAILS OF THE PROPOSED STUDY PROGRAM at IBSU

| Course Code | Course Title | ECTS Credit |
|--------------|--------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL | | |

SIGNATURES (IBSU)

Program Coordinator: Date:
 Dean: Date:

SENDING (HOME) INSTITUTION

Student: Date:

OTHER SIGNATURES (Title, Position, Full Name)

We confirm that the proposed program of study/learning agreement is approved.

Program Coordinator: Date:
 Date:
 Authority: Date: